

Foster Family Home - Corrective Action Report

Provider ID: 1-190031

Home Name: Marie Jean Jaramillo, CNA

Review ID: 1-190031-1

94-394 Honowai Street

Reviewer: Angelica Galindo

Waipahu

HI 96797

Begin Date: 4/18/2019

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- New home inspection made on 4/18/2019 for 2 person bed CCFFH.

Corrective action report issued during new home inspection with corrective action plan due back to CTA on 5/18/2019

Foster Family Home Personnel and Staffing

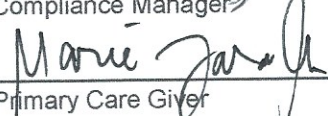
[11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

Comment:

41.(b)(6) - There is blocked doorway with stairs leading to occupants on the other side.


Compliance Manager


Primary Care Giver

4/18/19
Date

4/18/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Marie Jean R. Jaramillo, CNA

CCFFH Address: 94 - 394 Honowai St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(6)	Occupants are now listed as household member # 2 and household member # 3. APS, CAN and Fingerprints are done. Green light for both and placed in home binder. TB Screening done for household member # 2. Copy of chest X-ray placed in home binder TB test done for household member # 3. Copy of negative results placed in home binder. Confidentiality training for HHM #2 and #3 done and placed in home binder.	04/23/2019 04/26/2019 04/24/2019 04/19/2019	In the future, home will add all household members with requirements within 7 days of being added to the home. This include background check, TB clearance and confidentiality training. I will use a check list and place it in front of home binder.

Primary Caregiver's Signature: _____

Print Name: Marie Jean R. Jaramillo

Date of Signature: 05/08/2019